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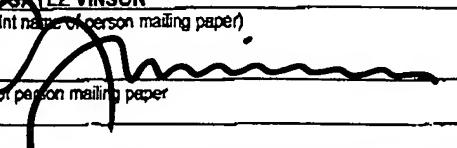
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on December 10, 2003 this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number EU 725 247 826 US addressed to the Assistant Commissioner of Patents, Box Patent Application, Washington, DC 20231.

DAYLE VINSON
(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0179.0043

First Inventor: Philip C. Hadley

Title: CONTROL OF RESIN FLOW DURING MOLDING OF COMPOSITE ARTICLES

Mail Stop Patent Application
Commissioner for Patents ...
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Transmittal/Fee Calculation | <input type="checkbox"/> Oath and Declaration [Total Pages 2] | <input type="checkbox"/> Copies of IDS References |
| <input checked="" type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Sequence Listing |
| <input checked="" type="checkbox"/> Specification [Total Pages 27] | <input type="checkbox"/> Assignment (incl. Cover Sheet) | <input type="checkbox"/> Computer-Readable Copy |
| <input checked="" type="checkbox"/> Drawings [Total Sheets 5] | <input type="checkbox"/> Information Disclosure Statement | <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FEE CALCULATION: The filing fee has been calculated as shown below:

| For | Small Entity Rate | Small Entity Fee | Standard Rate | Standard Fee |
|--|-------------------|------------------|---------------|--------------|
| Total Claims | x \$ 9.00 | \$ 81.00 | x \$ 18.00 | 450.00 |
| Independent Claims | x \$ 43.00 | | x \$ 86.00 | 430.00 |
| <input type="checkbox"/> Multiple Dependent Claims Presented | + \$145.00 | | + \$290.00 | 0.00 |
| | Total | | Total | 1,650.00 |

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge deficiency of the indicated fees and credit any overpayments to:

Deposit Account No.

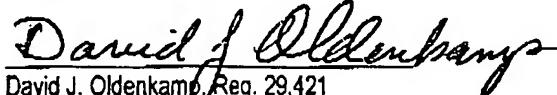
Charge any additional fees Required Under 37 CFR 1.16 and 1.17

Deposit Account Name

Applicant claims small entity status 37 CFR 1.27

Payment Enclosed:
 Check Credit Card Money Order Other

Respectfully submitted,



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Dated: December 10, 2003

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